

**\*161665\***

*Tuesday, May 23, 2017 9:27:06 AM*

**\*N900040100\***

**Setup Start \*NS1\***

Stop \*NS2\*

Stop \*NS2\*

**Start Date:** 5/12/2017      **Start Qty:** 2.00      **\*2\***

**Cust Item ID:**

**Required Date:** 5/23/2017      **Req'd Qty:** 2.00      **\*~\***

**Customer:**

**Reference:**

Approvals: Process Plan: DAS Date: MAY 23 2017

Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start \*NR1\*

QC: 21 Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop \*NR2\*

[illegible]

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE



QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                               |  |  |                                                                                                                        |  |            |  |  |  |                |  |  |  |  |  |                                      |                                             |                                          |                                           |                                           |                                           |                                 |                                   |                                  |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |                                        |                                   |
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| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4" style="text-align: left;">Root Cause</th> <th colspan="6" style="text-align: left;">FAULT CATEGORY</th> </tr> </thead> <tbody> <tr> <td>Environment <input type="checkbox"/></td> <td><input type="checkbox"/> No Re-verification</td> <td><input type="checkbox"/> Pressure/Forced</td> <td><input type="checkbox"/> Temperature/Cure</td> <td><input type="checkbox"/> Power Loss/Surge</td> <td><input type="checkbox"/> Positioned Wrong</td> </tr> <tr> <td>Design <input type="checkbox"/></td> <td><input type="checkbox"/> Operator</td> <td><input type="checkbox"/> Bending</td> <td><input type="checkbox"/> Set-up</td> <td><input type="checkbox"/> Folio/Program</td> <td><input type="checkbox"/> Outside Dimensions</td> </tr> <tr> <td>Doc/Data <input type="checkbox"/></td> <td><input type="checkbox"/> Offset/Setup</td> <td><input type="checkbox"/> Centre Not Concentric</td> <td><input type="checkbox"/> BOM/Route</td> <td><input type="checkbox"/> Grain</td> <td><input type="checkbox"/> Over/Under tolerance</td> </tr> <tr> <td>Equip/Tooling <input type="checkbox"/></td> <td><input type="checkbox"/> Supplier</td> <td><input type="checkbox"/> Cracks</td> <td><input type="checkbox"/> Broken/Damage/Defect</td> <td><input type="checkbox"/> Weld</td> <td><input type="checkbox"/> Part Incorrect</td> </tr> <tr> <td>Handling/Pre <input type="checkbox"/></td> <td><input type="checkbox"/> Training</td> <td><input type="checkbox"/> Crimp/Kink/Ripple/Wave</td> <td><input type="checkbox"/> Inspection Incomplete/Unqualified</td> <td><input type="checkbox"/> Wrong Stock Pulled</td> <td><input type="checkbox"/> Part Lost/Missing</td> </tr> <tr> <td>Material <input type="checkbox"/></td> <td><input type="checkbox"/> Use for Testing</td> <td><input type="checkbox"/> Cuffs</td> <td><input type="checkbox"/> Contamination</td> <td><input type="checkbox"/> Out of Sequence</td> <td><input type="checkbox"/> Part Moved</td> </tr> <tr> <td>Internal Transport <input type="checkbox"/></td> <td><input type="checkbox"/> Poor Information</td> <td><input type="checkbox"/> Crushing</td> <td><input type="checkbox"/> Countersink</td> <td><input type="checkbox"/> Off-set</td> <td><input type="checkbox"/> Drawing</td> </tr> <tr> <td>Tribal Knowledge <input type="checkbox"/></td> <td><input type="checkbox"/> Rushing</td> <td><input type="checkbox"/> Heat Treat</td> <td><input type="checkbox"/> Cut Too Short</td> <td><input type="checkbox"/> Mislabeled</td> <td><input type="checkbox"/> Finish</td> </tr> <tr> <td>LOA <input type="checkbox"/></td> <td><input type="checkbox"/> Product Improvement</td> <td><input type="checkbox"/> Wave/Twist in Tube</td> <td><input type="checkbox"/> Instructions Incomplete/Unclear</td> <td><input type="checkbox"/> Fit/Function</td> <td><input type="checkbox"/> Misread</td> </tr> <tr> <td>Substation <input type="checkbox"/></td> <td><input type="checkbox"/> Process Improvement</td> <td><input type="checkbox"/> Marks/Chatter</td> <td><input type="checkbox"/> Drill Holes</td> <td><input type="checkbox"/> Misaligned/off center</td> <td><input type="checkbox"/> Turning Sequence</td> </tr> <tr> <td>Past Expiry Date <input type="checkbox"/></td> <td><input type="checkbox"/> Manufacturing Process</td> <td colspan="4" rowspan="2" style="text-align: center; vertical-align: top;">OTHER : _____</td> </tr> <tr> <td>Misidentified <input type="checkbox"/></td> <td><input type="checkbox"/> Past Due</td> </tr> </tbody> </table> |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |  |                                                                                                                        |  | Root Cause |  |  |  | FAULT CATEGORY |  |  |  |  |  | Environment <input type="checkbox"/> | <input type="checkbox"/> No Re-verification | <input type="checkbox"/> Pressure/Forced | <input type="checkbox"/> Temperature/Cure | <input type="checkbox"/> Power Loss/Surge | <input type="checkbox"/> Positioned Wrong | Design <input type="checkbox"/> | <input type="checkbox"/> Operator | <input type="checkbox"/> Bending | <input type="checkbox"/> Set-up | <input type="checkbox"/> Folio/Program | <input type="checkbox"/> Outside Dimensions | Doc/Data <input type="checkbox"/> | <input type="checkbox"/> Offset/Setup | <input type="checkbox"/> Centre Not Concentric | <input type="checkbox"/> BOM/Route | <input type="checkbox"/> Grain | <input type="checkbox"/> Over/Under tolerance | Equip/Tooling <input type="checkbox"/> | <input type="checkbox"/> Supplier | <input type="checkbox"/> Cracks | <input type="checkbox"/> Broken/Damage/Defect | <input type="checkbox"/> Weld | <input type="checkbox"/> Part Incorrect | Handling/Pre <input type="checkbox"/> | <input type="checkbox"/> Training | <input type="checkbox"/> Crimp/Kink/Ripple/Wave | <input type="checkbox"/> Inspection Incomplete/Unqualified | <input type="checkbox"/> Wrong Stock Pulled | <input type="checkbox"/> Part Lost/Missing | Material <input type="checkbox"/> | <input type="checkbox"/> Use for Testing | <input type="checkbox"/> Cuffs | <input type="checkbox"/> Contamination | <input type="checkbox"/> Out of Sequence | <input type="checkbox"/> Part Moved | Internal Transport <input type="checkbox"/> | <input type="checkbox"/> Poor Information | <input type="checkbox"/> Crushing | <input type="checkbox"/> Countersink | <input type="checkbox"/> Off-set | <input type="checkbox"/> Drawing | Tribal Knowledge <input type="checkbox"/> | <input type="checkbox"/> Rushing | <input type="checkbox"/> Heat Treat | <input type="checkbox"/> Cut Too Short | <input type="checkbox"/> Mislabeled | <input type="checkbox"/> Finish | LOA <input type="checkbox"/> | <input type="checkbox"/> Product Improvement | <input type="checkbox"/> Wave/Twist in Tube | <input type="checkbox"/> Instructions Incomplete/Unclear | <input type="checkbox"/> Fit/Function | <input type="checkbox"/> Misread | Substation <input type="checkbox"/> | <input type="checkbox"/> Process Improvement | <input type="checkbox"/> Marks/Chatter | <input type="checkbox"/> Drill Holes | <input type="checkbox"/> Misaligned/off center | <input type="checkbox"/> Turning Sequence | Past Expiry Date <input type="checkbox"/> | <input type="checkbox"/> Manufacturing Process | OTHER : _____ |  |  |  | Misidentified <input type="checkbox"/> | <input type="checkbox"/> Past Due |
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| Doc/Data <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| Equip/Tooling <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Handling/Pre <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| Material <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Part Moved           |  |  |                                                                                                                        |  |            |  |  |  |                |  |  |  |  |  |                                      |                                             |                                          |                                           |                                           |                                           |                                 |                                   |                                  |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                          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| Internal Transport <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Drawing              |  |  |                                                                                                                        |  |            |  |  |  |                |  |  |  |  |  |                           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| Tribal Knowledge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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           |                                             |                                          |                                           |                                           |                                           |                                 |                                   |                                  |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                          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| LOA <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| Substation <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Turning Sequence     |  |  |                                                                                                                        |  |            |  |  |  |                |  |  |  |  |  |                                      |                                             |                                          |                                           |                                           |                                           |                                 |                                   |                                  |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                          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| Past Expiry Date <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| Misidentified <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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**Work Order ID 161665**

Tuesday, May 23, 2017 9:27:06 AM

**\*161665\***

Page 2

Item ID: D412-698-013

Accept

**\*N900040100\***

Setup Start

**\*NS1\***

Revision ID:

Stop

**\*NS2\***

Item Name: Cabin Door Handle -Aluminum Door

Start Date: 5/12/2017 Start Qty: 2.00

**\*2\***

Cust Item ID:

Required Date: 5/23/2017 Req'd Qty: 2.00

**\*2\***

Customer:

Reference:

Approvals:

Process Plan: \_\_\_\_\_

Date: \_\_\_\_\_

Tooling: \_\_\_\_\_

Date: \_\_\_\_\_

Run Start

**\*NR1\***

QC: \_\_\_\_\_

Date: \_\_\_\_\_

SPC (Y/N): \_\_\_\_\_

Date: \_\_\_\_\_

Stop

**\*NR2\***Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

130

Identify as per dwg &amp; Stock Location: \_\_\_\_\_

0.00

**\*130\***

Packaging

Packaging

Memo

0.00

Packaging

Identify and pack for shipping as per PPP D412-698-013  
Location: FG022

2

DAS  
28  
9-89

JUN 02 2017

140

QC21- Final Inspection - Work Order Release

0.00

**\*140\***

QC

Memo

0.20

Quality Control

DAS  
21  
9-89

JUN 02 2017

DAS  
21  
9-89

JUN 02 2017



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   |                                                                                                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                             | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                           | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                           |                                 |                                   |                                                                                                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
| Date :                                                       |                                             | Step #:                                                                                                                                                                            |                                           | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 | MRB (QSI042) Approval             |                                                                                                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
| Description Work Order Deviation                             |                                             |                                                                                                                                                                                    |                                           | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                                 |                                   | Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
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| Root Cause                                                   |                                             | FAULT CATEGORY                                                                                                                                                                     |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   |                                                                                                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Positioned Wrong <input type="checkbox"/> | Design <input type="checkbox"/> | Operator <input type="checkbox"/> | Bending <input type="checkbox"/>                                                                                   | Set-up <input type="checkbox"/> | Folio/Program <input type="checkbox"/> | Outside Dimensions <input type="checkbox"/> | Doc/Data <input type="checkbox"/> | Offset/Setup <input type="checkbox"/> | Centre Not Concentric <input type="checkbox"/> | BOM/Route <input type="checkbox"/> | Grain <input type="checkbox"/> | Over/Under tolerance <input type="checkbox"/> | Equip/Tooling <input type="checkbox"/> | Supplier <input type="checkbox"/> | Cracks <input type="checkbox"/> | Broken/Damage/Defect <input type="checkbox"/> | Weld <input type="checkbox"/> | Part Incorrect <input type="checkbox"/> | Handling/Pre <input type="checkbox"/> | Training <input type="checkbox"/> | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/> | Part Lost/Missing <input type="checkbox"/> | Material <input type="checkbox"/> | Use for Testing <input type="checkbox"/> | Cuffs <input type="checkbox"/> | Contamination <input type="checkbox"/> | Out of Sequence <input type="checkbox"/> | Part Moved <input type="checkbox"/> | Internal Transport <input type="checkbox"/> | Poor Information <input type="checkbox"/> | Crushing <input type="checkbox"/> | Countersink <input type="checkbox"/> | Off-set <input type="checkbox"/> | Drawing <input type="checkbox"/> | Tribal Knowledge <input type="checkbox"/> | Rushing <input type="checkbox"/> | Heat Treat <input type="checkbox"/> | Cut Too Short <input type="checkbox"/> | Mislabeled <input type="checkbox"/> | Finish <input type="checkbox"/> | LOA <input type="checkbox"/> | Product Improvement <input type="checkbox"/> | Wave/Twist in Tube <input type="checkbox"/> | Instructions Incomplete/Unclear <input type="checkbox"/> | Fit/Function <input type="checkbox"/> | Misread <input type="checkbox"/> | Substation <input type="checkbox"/> | Process Improvement <input type="checkbox"/> | Marks/Chatter <input type="checkbox"/> | Drill Holes <input type="checkbox"/> | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/> | Past Expiry Date <input type="checkbox"/> | Manufacturing Process <input type="checkbox"/> | OTHER : _____ |  |  |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>           |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   |                                                                                                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |

# Picklist Print

Tuesday, May 23, 2017 9:27:05 AM

Page 1

Work Order ID: 161665

**\*161665\***

Parent Item: D412-698-013

**\*D412-698-013\***

Parent Item Name: Cabin Door Handle -Aluminum Door

Start Date: 5/12/2017

Required Date: 5/23/2017

Start Qty: 2.00

Required Qty: 2.00

Comments: IPP Rev: C Removed Manufacturing 05-11-06 JLM  
IPP Rev:D change to rev D ECN 1104 08-01-28 DD

| Component Item ID/<br>Item Name                     | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand  | Qty per Kit | Total<br>Qty | Qty<br>Issued | Date<br>Issued | Status |
|-----------------------------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|-----------------|-------------|--------------|---------------|----------------|--------|
| D3203-1<br><b>*D3203-1*</b><br>Handle               |                        | Manufactured  | No          |                     |                  | 110             | Each               | 17.0000         | 4<br>**     | 8            |               |                |        |
|                                                     |                        |               |             | <u>Location</u>     |                  | <u>Loc Qty</u>  |                    | <u>Loc Code</u> |             |              |               |                |        |
|                                                     |                        |               |             | ST484               |                  | 17              |                    |                 |             |              |               |                |        |
|                                                     |                        |               |             | 142048              |                  | 1               |                    |                 |             |              |               |                |        |
|                                                     |                        |               |             | 158470              |                  | 16              |                    |                 |             |              |               |                |        |
| D3220-041<br><b>*D3220-041*</b><br>Doubler Assembly |                        | Manufactured  | No          |                     |                  | 110             | Each               | 2.0000          | 1<br>**     | 2            |               |                |        |
|                                                     |                        |               |             | <u>Location</u>     |                  | <u>Loc Qty</u>  |                    | <u>Loc Code</u> |             |              |               |                |        |
|                                                     |                        |               |             | ST485               |                  | 2               |                    |                 |             |              |               |                |        |
|                                                     |                        |               |             | 158443              |                  | 2               |                    |                 |             |              |               |                |        |
| D3220-042<br><b>*D3220-042*</b><br>Doubler Assembly |                        | Manufactured  | No          |                     |                  | 110             | Each               | 4.0000          | 1<br>**     | 2            |               |                |        |
|                                                     |                        |               |             | <u>Location</u>     |                  | <u>Loc Qty</u>  |                    | <u>Loc Code</u> |             |              |               |                |        |
|                                                     |                        |               |             | ST485               |                  | 4               |                    |                 |             |              |               |                |        |
|                                                     |                        |               |             | 158425              |                  | 4               |                    |                 |             |              |               |                |        |
| D3220-3<br><b>*D3220-3*</b><br>Doubler              |                        | Manufactured  | No          |                     |                  | 110             | Each               | 15.0000         | 2<br>**     | 4            |               |                |        |
|                                                     |                        |               |             | <u>Location</u>     |                  | <u>Loc Qty</u>  |                    | <u>Loc Code</u> |             |              |               |                |        |
|                                                     |                        |               |             | ST485               |                  | 15              |                    |                 |             |              |               |                |        |
|                                                     |                        |               |             | 140035              |                  | 1               |                    |                 |             |              |               |                |        |
|                                                     |                        |               |             | 158415              |                  | 4               |                    |                 |             |              |               |                |        |
|                                                     |                        |               |             | 160262              |                  | 10              |                    |                 |             |              |               |                |        |

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DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                       |  |  |
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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                       |  |  |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Step # : _____                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | MRB (QSI042) Approval<br><br><div style="border: 1px solid black; height: 100px; width: 100%;"></div> |  |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                       |  |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Lead hand / Supervisor Approval Verification                                                          |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | QC / QA Coordinator Approval                                                                          |  |  |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                       |  |  |
| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/> | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Misabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> |  |                                                                                                       |  |  |
| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                       |  |  |



# Picklist Print

Tuesday, May 23, 2017 9:27:05 AM

Page 2

Work Order ID: 161665

\*161665\*

Parent Item: D412-698-013

\*D412-698-013\*

Parent Item Name: Cabin Door Handle -Aluminum Door

Start Date: 5/12/2017

Required Date: 5/23/2017

Start Qty: 2.00

Required Qty: 2.00

MS21042L4

Purchased

No

110

Each

3,610.000

8

16

\*MS21042L4\*

Nut

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DAS  
26  
9-89

DAS  
27  
9-89

MAY 31 2017

Location

Loc Qty

Loc Code

FP001

10

m133363

10

GA

68

m135058

68

OVER007

2400

m137371

1000

m137402

400

m137544

1000

ST303

1132

m137321

1132

MS24694-S98

Purchased

No

110

Each

232.0000

16

32

\*MS24694-S98\*

Screw

\*\*

DAS  
26  
9-89

DAS  
27  
9-89

MAY 31 2017

Location

Loc Qty

Loc Code

over006

150

m135704

150

ST283

82

m134502

82

Tuesday, May 23, 2017 9:27:05 AM

Shop Packet Print

Page 2

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE



QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                       |                                              |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  | MRB (QSI042) Approval |                                              |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                       | Completed By                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                       | Lead hand / Supervisor Approval Verification |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                       | QC / QA Coordinator Approval                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                       |                                              |  |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                       |                                              |  |
| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/> | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Misabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> | OTHER : <input type="checkbox"/> |                       |                                              |  |



# Picklist Print

Tuesday, May 23, 2017 9:27:05 AM

Page 3

Work Order ID: 161665

\*161665\*

Parent Item: D412-698-013

\*D412-698-013\*

Parent Item Name: Cabin Door Handle -Aluminum Door

Start Date: 5/12/2017

Required Date: 5/23/2017

Start Qty: 2.00

Required Qty: 2.00

NAS1149D0463J

Purchased

No

110

Each

4,714.000

8

16

\*NAS1149D0463.I\*

Washer

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DAS  
26  
9-89

DAS  
27  
9-89

MAY 31 2017

DAS  
28  
9-89

Location

Loc Qty

Loc Code

GA

48

M135056

48

ST260a

3000

M137371

2000

M137544

1000

ST263

1666

M137381

1666

/lex

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                                                                                    |  |
|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|-----------------------|--------------------------------------------------------------------------------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                               |  |                       |                                                                                                                    |  |
| Date :                                                       |                                                | Step #:                                                                                                                                                                            |                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  | MRB (QSI042) Approval |                                                                                                                    |  |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |  |                       | Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                                                                                    |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                                                                                    |  |
| Root Cause                                                   |                                                | FAULT CATEGORY                                                                                                                                                                     |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                                                                                    |  |
| Environment <input type="checkbox"/>                         | <input type="checkbox"/> No Re-verification    | <input type="checkbox"/> Pressure/Forced                                                                                                                                           | <input type="checkbox"/> Temperature/Cure                  | <input type="checkbox"/> Power Loss/Surge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Positioned Wrong     |  |                       |                                                                                                                    |  |
| Design <input type="checkbox"/>                              | <input type="checkbox"/> Operator              | <input type="checkbox"/> Bending                                                                                                                                                   | <input type="checkbox"/> Set-up                            | <input type="checkbox"/> Folio/Program                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Outside Dimensions   |  |                       |                                                                                                                    |  |
| Doc/Data <input type="checkbox"/>                            | <input type="checkbox"/> Offset/Setup          | <input type="checkbox"/> Centre Not Concentric                                                                                                                                     | <input type="checkbox"/> BOM/Route                         | <input type="checkbox"/> Grain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Over/Under tolerance |  |                       |                                                                                                                    |  |
| Equip/Tooling <input type="checkbox"/>                       | <input type="checkbox"/> Supplier              | <input type="checkbox"/> Cracks                                                                                                                                                    | <input type="checkbox"/> Broken/Damage/Defect              | <input type="checkbox"/> Weld                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Part Incorrect       |  |                       |                                                                                                                    |  |
| Handling/Pre <input type="checkbox"/>                        | <input type="checkbox"/> Training              | <input type="checkbox"/> Crimp/Kink/Ripple/Wave                                                                                                                                    | <input type="checkbox"/> Inspection Incomplete/Unqualified | <input type="checkbox"/> Wrong Stock Pulled                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Part Lost/Missing    |  |                       |                                                                                                                    |  |
| Material <input type="checkbox"/>                            | <input type="checkbox"/> Use for Testing       | <input type="checkbox"/> Cuffs                                                                                                                                                     | <input type="checkbox"/> Contamination                     | <input type="checkbox"/> Out of Sequence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Part Moved           |  |                       |                                                                                                                    |  |
| Internal Transport <input type="checkbox"/>                  | <input type="checkbox"/> Poor Information      | <input type="checkbox"/> Crushing                                                                                                                                                  | <input type="checkbox"/> Countersink                       | <input type="checkbox"/> Off-set                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Drawing              |  |                       |                                                                                                                    |  |
| Tribal Knowledge <input type="checkbox"/>                    | <input type="checkbox"/> Rushing               | <input type="checkbox"/> Heat Treat                                                                                                                                                | <input type="checkbox"/> Cut Too Short                     | <input type="checkbox"/> Mislabeled                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Finish               |  |                       |                                                                                                                    |  |
| LOA <input type="checkbox"/>                                 | <input type="checkbox"/> Product Improvement   | <input type="checkbox"/> Wave/Twist in Tube                                                                                                                                        | <input type="checkbox"/> Instructions Incomplete/Unclear   | <input type="checkbox"/> Fit/Function                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Misread              |  |                       |                                                                                                                    |  |
| Substation <input type="checkbox"/>                          | <input type="checkbox"/> Process Improvement   | <input type="checkbox"/> Marks/Chatter                                                                                                                                             | <input type="checkbox"/> Drill Holes                       | <input type="checkbox"/> Misaligned/off center                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Turning Sequence     |  |                       |                                                                                                                    |  |
| Past Expiry Date <input type="checkbox"/>                    | <input type="checkbox"/> Manufacturing Process | OTHER :                                                                                                                                                                            |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                                                                                    |  |
| Misidentified <input type="checkbox"/>                       | <input type="checkbox"/> Past Due              |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                                                                                    |  |

**Work Order ID 161665****\*161665\***

Page 1

Tuesday, May 23, 2017 9:27:06 AM

Item ID: D412-698-013

Accept

**\*N900040100\***Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Cabin Door Handle -Aluminum Door

Start Date: 5/12/2017 Start Qty: 2.00

**\*2\***

Cust Item ID:

Required Date: 5/23/2017 Req'd Qty: 2.00

**\*2\***

Customer:

Reference:

Run Start **\*NR1\***Approvals: Process Plan: \_\_\_\_\_ Date: **MAY 23 2017** Tooling: \_\_\_\_\_ Date: \_\_\_\_\_Stop **\*NR2\***

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

| Sequence ID/<br>Work Center ID | Operation<br>Description | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|

| Draw Nbr     | Revision Nbr |
|--------------|--------------|
| IIN D412-698 | F            |

100

Document Control

0.00

**\*100\***

DOCUMENT CONTROL

DC

Memo

0.00

Doc.Control -USB or Paperwork

Photocopy bluefile and create labels per PPP D412-698-013CHG001

**MAY 31 2017**

110

Pick Kit

0.00

**\*110\***

Packaging

Memo

0.00

Packaging

120

QC4- 100% Inspect kits for completeness

0.00

**\*120\***

QC

Memo

0.06

Quality Control





Department of Transport

# Supplemental Type Certificate

This approval is issued to:

Eagle Copters Ltd.  
823 McTavish Road N.E.  
Calgary, Alberta  
Canada T2E 7G9

**Number:** SH92-43

**Issue No.:** 5

**Approval Date:** August 26, 1992

**Issue Date:** September 14, 2007

**Responsible Office:**

Prairie and Northern

**Aircraft/Engine Type or Model:**

BELL 204B, 205A, 205A-1, 205B, 212, 214B, 214B-1, 412, 412 CF, 412 EP

**Canadian Type Certificate or Equivalent:**

BELL 205B H-104  
BELL 214B, 214B-1 H-80  
BELL 212, 412, 412 CF, 412 EP H-86  
BELL 204B, 205A, 205A-1 H1SW

**Description of Type Design Change:**

Serviceability Kit: Aux Cowl latches, cockpit door wear pads, cabin door handle, sliding door roller system and automatic door opener kit

**Installation/Operating Data,  
Required Equipment and Limitations:**

**Configuration 1:**

Installation of Serviceability Kit to be done in accordance with DOT approved Aero Design Ltd., Document Control List A-85-DCL1, Revision 1, dated 27 January 1997, or later approved Revision.

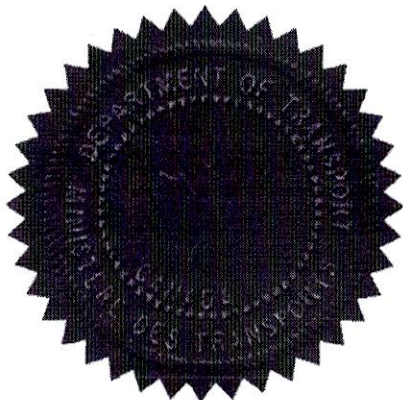
**Configuration 2:**

Installation of Door Modification Kits to be done in accordance with Transport Canada (TC) approved Dart Aerospace Ltd. Installation Instructions IIN-D412-698, Revision D or later TC approved revision.

Inspection of Door Modification Kits is to be performed in accordance with Dart Aerospace Ltd. Instructions for Continued Airworthiness ICA-D412-698, Revision 3 or later TC accepted revision.

-END-

**Conditions:** This approval is only applicable to the type/model of aeronautical product specified therein. Prior to incorporating this modification, the installer shall establish that the interrelationship between this change and any other modification(s) incorporated **will not** adversely affect the airworthiness of the modified product.



  
Greg Oucharek  
Senior Aircraft Certification Engineer  
For Minister of Transport

**6.0 PARTS LIST - CABIN DOOR MODIFICATION KITS**

(FOR AIRCRAFT EQUIPPED WITH P/N 205-032-669-XXX ALUMINUM DOORS)

| Qty<br>-011 | Qty<br>-012 | Qty<br>-013 | Qty<br>-017 | Qty<br>-019 | Qty<br>-021 | Qty<br>-027 | Qty<br>-028 | Part Number   | Description                      |
|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|---------------|----------------------------------|
| X           |             |             |             |             |             |             |             | D412-698-011  | CABIN DOOR ROLLER KIT, LH        |
|             | X           |             |             |             |             |             |             | D412-698-012  | CABIN DOOR ROLLER KIT, RH        |
|             |             | X           |             |             |             |             |             | D412-698-013  | DOOR HANDLE KIT                  |
|             |             |             | X           |             |             |             |             | D412-698-017  | REPLACEMENT DOOR TRACK KIT       |
|             |             |             |             | X           |             |             |             | D412-698-019  | BEARING OVERHAUL KIT             |
|             |             |             |             |             | X           |             |             | D412-698-021  | REPLACEMENT SHIM KIT             |
|             |             |             |             |             |             | X           |             | D412-689-027  | BRACKET KIT, LH (ALUMINUM DOORS) |
|             |             |             |             |             |             |             | X           | D412-689-028  | BRACKET KIT, RH (ALUMINUM DOORS) |
| 3           | 3           |             |             |             |             |             |             | D3121-141     | BRACKET ASSEMBLY                 |
| 1           |             |             |             |             |             |             |             | D3121-143     | BRACKET ASSEMBLY                 |
|             | 1           |             |             |             |             |             |             | D3121-144     | BRACKET ASSEMBLY                 |
| 1           | 1           |             |             |             |             |             |             | D3137-043     | BRACKET ASSEMBLY                 |
| 1           |             |             |             |             |             |             |             | D3183-043     | BRACKET ASSEMBLY                 |
|             | 1           |             |             |             |             |             |             | D3183-044     | BRACKET ASSEMBLY                 |
| 9           | 9           |             | 9           |             |             |             |             | D3199-1       | BRACKET                          |
|             |             |             |             |             |             | 1           |             | D3199-3       | FORWARD BRACKET, LH              |
|             |             |             |             |             |             |             | 1           | D3199-4       | FORWARD BRACKET, RH              |
| 1           | 1           |             | 1           |             |             |             |             | D3202-1       | COVER                            |
|             |             | 4           |             |             |             |             |             | D3203-1       | HANDLE                           |
|             |             | 1           |             |             |             |             |             | D3220-041     | DOUBLER                          |
|             |             | 1           |             |             |             |             |             | D3220-042     | DOUBLER                          |
|             |             | 2           |             |             |             |             |             | D3220-3       | DOUBLER                          |
|             |             |             |             | 7           |             |             |             | D3121-21      | BOLT                             |
|             |             |             |             | 5           |             |             |             | D3121-241     | BEARING ASSEMBLY                 |
|             |             |             |             | 1           |             |             |             | D3137-3       | GUIDE                            |
|             |             |             |             | 1           |             |             |             | D3137-5       | WASHER                           |
|             |             |             |             | 2           |             |             |             | D3183-045     | BEARING ASSEMBLY                 |
|             |             |             |             |             | 3           |             |             | D3238-1       | SHIM                             |
|             |             |             |             |             | 1           |             |             | D3238-3       | SHIM                             |
|             |             |             |             |             | 2           |             |             | D3238-5       | SHIM                             |
|             |             |             |             |             | 6           |             |             | D3238-11      | SHIM                             |
|             |             |             |             |             | 2           |             |             | D3238-13      | SHIM                             |
|             |             |             |             |             | 4           |             |             | D3238-15      | SHIM                             |
|             |             | 8           |             |             |             |             |             | NAS1149D0463J | WASHER (AN960JD416L)             |
|             |             | 8           |             |             |             |             |             | MS21042L4     | NUT (OR MS21042-4)               |
|             |             | 16          |             |             |             |             |             | MS24694-S98   | SCREW                            |
|             |             |             |             | 1           |             |             |             | MS24694-S101  | SCREW                            |